



# Cover Sheet

Access to Health Insurance

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## Insurance Representatives,

Please complete and attach this cover sheet when submitting an application packet to the Adult & Children Health Insurance Unit. Please print clearly and supply all requested information. We are unable able to process incomplete forms.

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Small Business Name

\_\_\_\_\_  
Insurance Representative Company Name

\_\_\_\_\_  
Tax Identification Number

Insurance Representative	First Name	Last Name
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\_\_\_\_\_  
Mailing Address

City	State	Zip Code
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(208)	(208)
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Telephone Number	Fax Number	Email Address
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Please mail this completed cover sheet & application packet to the following address:

Adult and Children Health Insurance Unit  
150 Shoup Avenue, Suite #5  
Idaho Falls, Idaho 83402-3653  
1-866-326-2485